UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.:	09799910-0042
First Named Inventor:	Cedric François, M.D.
Title:	COMPOSITIONS AND METHODS FOR TREATING ORGANS
Express Mail Label No.	EV 328248586 US
Date of Deposit:	November 26, 2003

U.S. PTO
07724527
00727
112803

APPLICATION ELEMENTS
See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO: MAIL STOP PATENT APPLICATION
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

1. ☐ This Form includes the Fee Transmittal (See Box 19)
(Submit an original and a duplicate for fee processing)

2. ☐ Applicant claims small entity status. (See 37 CFR 1.27)

3. ☒ Specification   [*Total Pages* 91]

4. ☒ Drawing(s) (35 USC 113)   [*Total Sheets* 2]

5. ☐ Declaration and Power of Attorney [*Total Pages*]

     a. ☐ Newly executed (original or copy)

     b. ☐ Copy from a prior application (37 CFR 1.63(d))
       (for continuation/divisional with Box 18 completed)

       i. ☐ <u>DELETION OF INVENTOR(S)</u>
         Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).

6. ☐ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate

8. ☐ Nucleotide and/or Amino Acid Sequence Submission
     a. ☐ Computer Readable Form (CRF)
     b. ☒ Specification Sequence Listing on:
       i. ☐ CD-ROM or CD-R in duplicate; or
       ii. ☒ paper (7 pages)
     c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers *(cover sheet & document(s))*
10. ☐ Letter under 37 CFR 1.41(c)
11. ☐ English Translation Document *(if applicable)*
12. ☐ Information Disclosure   ☐ Copies of IDS
     Statement (IDS)/PTO-1449   Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)
15. ☐ Certified copy of _____ Priority Document:
     Document No. _____, filed on _____.
16. ☐ Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(I).
     Applicant must attach form PTO/SB/35 or its equivalent.
17. ☐ Other:

18. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

   ☐ Continuation   ☐ Divisional   ☐ Continuation-in-part (CIP)   *of prior application no.:* _____/_____

   Prior application information: Examiner Name: _____   Group Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. FEE CALCULATIONS:

CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) BASIC FEE $770.00
	TOTAL CLAIMS	39	19	$18.00	$
	INDEPENDENT CLAIMS	7	4	$86.00	$
	ANY MULTIPLE DEPENDENT CLAIMS? ☐ YES ☒ NO			$290.00	$_____
				SUBTOTAL	$_____

a. ☒ *In connection with this application*, the Commissioner is hereby authorized to credit overpayments or to charge any additional fee required to Deposit Account No. 19-3140. *A duplicate copy of this sheet is enclosed.*

b. ☐ The enclosed _____ the amount of _____ covers the total claim fee,

20. ☒ **CUSTOMER NO. 26263**

Dated: November 28, 2003

SIGNATURE: *Gregory M. Zinkl*
'Gregory M. Zinkl, Ph.D. (Reg. No. 48,492)

14349980\V-1